

TELUS Your Team TELUS Benefits Options At A Glance

For Retail Assistant Store Managers and Frontline Team Members

Your Team TELUS Flex Benefits plan was designed to provide a base level of coverage while also giving you choice and flexibility.

Primary Benefits - TELUS provides primary coverage for the following benefits: Psychology/Speech Therapy, Emergency Out-of-Country/Out-of-Province (OOC/OOP), Life Insurance, Accident Insurance and Short Term Disability.

Health Dollars - TELUS provides annual Health Dollars, based on how many people you need to cover. You can use them for Extended Health and Dental, allocate them to your Health Spending Account (HSA) and/ or add them to your pay as taxable income.

		Extended Health Benefits			Dental		Insurance		
		Prescription Drugs	Paramedicals & Vision	Emergency Out-of- Country & Out-of- Province (OOC/OOP) and Medical Services & Supplies	Basic Dental	Major Dental & Orthodontics	Life Insurance	Accident Insurance	Long Term Disability (LTD) Top-Up Team Member Paid
More coverage Less coverage	Option 1	 Opt out (proof of other coverage required) 	 Psychology/Speech Therapy only: \$5,000 – included in all options in this category 	OOC/OOP only: 100% (\$5 million lifetime max)	No coverage	No coverage	 1 x annual base salary plus prior year's sales compensation 	No coverage	 60% of salary, plus prior year's sales compensation, non- indexed Non-taxable benefit
	Option 2	\$1,000 deductibleTier 1: 80%Tier 2: 70%Tier 3: 25%	 Vision: Eye exam only / 2 yrs.** Paramedicals: \$300 combined 	OOC/OOP: 100% (\$5 million lifetime max) Medical Services & Supplies: 70%	100%12-month recall**\$400 max	Major: 50% (max \$1,000)Ortho: 50% (max \$2,500)*		1 x annual base salary plus prior year's sales compensation	60% of salary plus prior year's sales compensation, indexed Non-taxable benefit
	Option 3	No deductibleTier 1: 80%Tier 2: 70%Tier 3: 25%	 Vision: \$150 and eye exam / 2 yrs.** Paramedicals: \$500 combined 	 OOC/OOP: 100% (\$5 million lifetime max) Medical Services & Supplies: 80% 	20%12-month recall**No max	Major: 70% (max \$2,000)Ortho: 50% (max \$2,500)*			
	Option 4	No deductibleTier 1: 90%Tier 2: 80%Tier 3: 35%	 Vision: \$250 and eye exam / 2 yrs.** Paramedicals: \$1,000 combined* 		80%9-month recall**No max				
	Option 5		 Vision: \$350 and eye exam / 2 yrs.** Paramedicals: \$1,500 combined* 		100%9-month recall**No max				

^{*}You will need to stay in the selected option for 2 years before you can make any changes

Optional Benefits available for purchase

- Optional Life Insurance: Team Member & Spouse units of \$10,000; \$1,000,000 max | Child: \$10,000 or \$20,000 max
- Optional Accident Insurance: Team Member & Spouse units of \$10,000; \$500,000 max | Child: units of \$10,000; \$50,000 max
- Optional Critical Illness Insurance: Team Member & Spouse units of \$10,000; \$200,000 max | Child: units of \$5,000; \$20,000 max

^{**}Dependent children (under age 18) are eligible for: Vision Care: one eye exam and prescriptions glasses/contact (if applicable) every benefit plan year • Basic Dental: one recall every 6 months